Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15					RATE	FEE	1	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	(5 minus 20=		*	<i>(7)</i>		X\$ 9=		OR	X\$18=	-
IND	EPENDENT CL	AIMS	/ mi	nus 3 =	*	()-		X42=		OR	X84=	
MU	LTIPLE DEPEN	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" ir						column 2	ı	TOTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	
		(Column 1)	.	(Colur		(Column 3)	ζ.	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	T I
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		J	+140=		OR	+280=	
				TOTAL		ام	TOTAL					
		(Column 1)		(Colur	mn 21	(Column 3)		ADDIT. FEE	<u> </u>		ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚╽	+140=			+280=	
										OR	TOTAL	
										OR	ADDIT. FEE	
_		(Column 1) CLAIMS	1	(Colur HIGH		(Column 3)	<u> </u>					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	. **		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J }	7,12-		OR	7.01-	
	If the entry in ealis	mn 1 is loss than th	no ontre in och	1000 O	"O" !~ ~-	luma 2		+140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE											
	The "Highest Nun	nber Previously Pai	id For" (Total o	r Independe	ent) is the	e highest number	er fou	ind in the app	oropriate box	k in col	umn 1.	